

115TH CONGRESS  
1ST SESSION

# H. R. 3713

To amend the Public Health Service Act to support geriatrics education and training to address the elder care workforce shortage, promote interdisciplinary team-based care, educate and engage family caregivers, and improve the quality of care delivered to older adults, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 8, 2017

Ms. SCHAKOWSKY (for herself, Ms. MATSUI, and Mr. MCKINLEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to support geriatrics education and training to address the elder care workforce shortage, promote interdisciplinary team-based care, educate and engage family caregivers, and improve the quality of care delivered to older adults, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Geriatrics Workforce  
5 and Caregiver Enhancement Act”.

1 **SEC. 2. EDUCATION AND TRAINING RELATING TO GERI-**  
2 **ATRICS.**

3 Section 753 of the Public Health Service Act (42  
4 U.S.C. 294c) is amended to read as follows:

5 **“SEC. 753. EDUCATION AND TRAINING RELATING TO GERI-**  
6 **ATRICS.**

7 **“(a) GERIATRICS WORKFORCE ENHANCEMENT PRO-**  
8 **GRAM.—**

9 **“(1) IN GENERAL.—**The Secretary shall award  
10 grants under this subsection to entities described in  
11 paragraph (1), (3), or (4) of section 799B, section  
12 801(2), or section 865(d), or other health profes-  
13 sions schools or programs approved by the Sec-  
14 retary, for the establishment or operation of geri-  
15 atric workforce enhancement programs that meet  
16 the requirements of paragraph (2).

17 **“(2) REQUIREMENTS.—**A geriatrics workforce  
18 enhancement program meets the requirements of  
19 this paragraph if such program supports the devel-  
20 opment of a health care workforce that maximizes  
21 patient and family engagement and improves health  
22 outcomes for older adults by integrating geriatrics  
23 with primary care and other appropriate specialties.  
24 Special emphasis should be placed on providing the  
25 primary care workforce with the knowledge and  
26 skills to care for older adults and collaborating with

1 community partners to address gaps in health care  
2 for older adults through individual, system, commu-  
3 nity, and population level changes. Areas of pro-  
4 grammatic focus may include the following:

5 “(A) Transforming clinical training envi-  
6 ronments to integrated geriatrics and primary  
7 care delivery systems to ensure trainees are well  
8 prepared to practice in and lead in such sys-  
9 tems.

10 “(B) Developing providers who can assess  
11 and address the needs and preferences of older  
12 adults and their families and caregivers at the  
13 individual, community, and population levels.

14 “(C) Creating and delivering community-  
15 based programs that will provide older adults  
16 and their families and caregivers with the  
17 knowledge and skills to improve health out-  
18 comes and the quality of care for such adults.

19 “(D) Providing Alzheimer’s disease and re-  
20 lated dementias (ADRD) education to the fami-  
21 lies and caregivers of older adults, direct care  
22 workers, health professions students, faculty,  
23 and providers.

1           “(3) DURATION.—The Secretary shall award  
2 grants under paragraph (1) for a period not to ex-  
3 ceed five years.

4           “(4) APPLICATION.—To be eligible to receive a  
5 grant under paragraph (1), an entity described in  
6 such paragraph shall submit to the Secretary an ap-  
7 plication at such time, in such manner, and con-  
8 taining such information as the Secretary may re-  
9 quire.

10           “(5) PRIORITY.—In awarding grants under  
11 paragraph (1), the Secretary—

12                   “(A) shall ensure an equitable geographic  
13 distribution of grant recipients;

14                   “(B) shall give priority to—

15                           “(i) programs with the goal of improv-  
16 ing and providing comprehensive coordi-  
17 nated care of older adults, including med-  
18 ical, dental, and psychosocial needs;

19                           “(ii) programs that support the train-  
20 ing and retraining of faculty, preceptors,  
21 primary care providers, and providers in  
22 other specialties to increase their knowl-  
23 edge of geriatrics and gerontology;

24                           “(iii) programs that provide clinical  
25 experiences across care settings, including

1 ambulatory care, hospitals, post-acute care,  
2 nursing homes, federally qualified health  
3 centers, and home and community-based  
4 services;

5 “(iv) programs that emphasize edu-  
6 cation and engagement of family caregivers  
7 on disease self-management, medication  
8 management, and stress reduction strate-  
9 gies;

10 “(v) programs that provide training to  
11 the health care workforce on disease self-  
12 management, motivational interviewing,  
13 medication management, and stress reduc-  
14 tion strategies;

15 “(vi) programs that provide training  
16 to the health care workforce on social de-  
17 terminants of health in order to better ad-  
18 dress the geriatric health care needs of di-  
19 verse populations; and

20 “(vii) programs that integrate geri-  
21 atrics competencies and interprofessional  
22 collaborative practice into health care edu-  
23 cation and training curricula for residents,  
24 fellows, and students; and

25 “(C) may give priority to—

1 “(i) programs that substantially ben-  
2 efit rural or underserved populations of  
3 older adults;

4 “(ii) programs that integrate behav-  
5 ioral health competencies into primary care  
6 practice, especially with respect to elder  
7 abuse, pain management, and advance care  
8 planning; or

9 “(iii) programs that offer short-term  
10 intensive courses (referred to in this clause  
11 as a ‘fellowship’) that focus on geriatrics,  
12 gerontology, chronic care management, and  
13 long-term care that provide supplemental  
14 training for faculty members in medical  
15 schools and other health professions  
16 schools or graduate programs in psy-  
17 chology, pharmacy, nursing, social work,  
18 dentistry, public health, allied health, or  
19 other health disciplines, as approved by the  
20 Secretary. Such a fellowship shall be open  
21 to current faculty, and appropriately  
22 credentialed volunteer faculty and practi-  
23 tioners, to upgrade their knowledge and  
24 clinical skills for the care of older adults,  
25 and adults with functional and cognitive

1                   limitations and to enhance their inter-  
2                   disciplinary teaching skills.

3                   “(6) AUTHORIZATION OF APPROPRIATIONS.—In  
4                   addition to any other funding available to carry out  
5                   this subsection, there is authorized to be appro-  
6                   priated \$45,800,000 for each of fiscal years 2018  
7                   through 2023 for purposes of carrying out this sub-  
8                   section.

9                   “(b) GERIATRIC ACADEMIC CAREER AWARDS.—

10                   “(1) ESTABLISHMENT OF PROGRAM.—The Sec-  
11                   retary shall establish a program to provide Geriatric  
12                   Academic Career Awards to eligible entities applying  
13                   on behalf of eligible individuals to promote the ca-  
14                   reer development of such individuals as academic  
15                   geriatricians or other academic geriatrics health pro-  
16                   fessionals.

17                   “(2) ELIGIBILITY.—

18                   “(A) ELIGIBLE ENTITY.—For purposes of  
19                   this subsection, the term ‘eligible entity’  
20                   means—

21                   “(i) an entity described in paragraph  
22                   (1), (3), or (4) of section 295p or section  
23                   296(2); or

1           “(ii) an accredited health professions  
2           school or graduate program approved by  
3           the Secretary.

4           “(B) ELIGIBLE INDIVIDUAL.—For pur-  
5           poses of this subsection, the term ‘eligible indi-  
6           vidual’ means an individual who—

7                   “(i) is board certified or board eligible  
8                   in internal medicine, family practice, psy-  
9                   chiatry, or licensed dentistry, or has com-  
10                  pleted any required training in a discipline  
11                  and is employed in an accredited health  
12                  professions school or graduate program  
13                  that is approved by the Secretary; or

14                   “(ii) has completed an approved fel-  
15                  lowship program in geriatrics or geron-  
16                  tology, or has completed specialty training  
17                  in geriatrics or gerontology as required by  
18                  the discipline and any additional geriatrics  
19                  or gerontology training as required by the  
20                  Secretary; and

21                   “(iii) has a junior (non-tenured) fac-  
22                  ulty appointment at an accredited school of  
23                  allopathic medicine, osteopathic medicine,  
24                  nursing, social work, psychology, dentistry,  
25                  pharmacy, or other allied health disciplines



1           in an accredited health professions school  
2           or graduate program that is approved by  
3           the Secretary.

4           “(3) LIMITATIONS.—An eligible entity may not  
5           receive an award under paragraph (1) on behalf of  
6           an eligible individual unless the eligible entity—

7                   “(A) submits to the Secretary an applica-  
8                   tion, at such time, in such manner, and con-  
9                   taining such information as the Secretary may  
10                  require, and the Secretary approves such appli-  
11                  cation;

12                   “(B) provides, in such form and manner as  
13                   the Secretary may require, assurances that the  
14                   eligible individual on whose behalf an applica-  
15                   tion was submitted under subparagraph (A) will  
16                   meet the service requirement described in para-  
17                   graph (7); and

18                   “(C) provides, in such form and manner as  
19                   the Secretary may require, assurances that such  
20                   individual has a full-time faculty appointment  
21                   in an accredited health professions school or  
22                   graduate program and documented commitment  
23                   from such school or program to spend 50 per-  
24                   cent of the total time of such individual on

1 teaching and developing skills in interdiscipli-  
2 nary education in geriatrics.

3 “(4) REQUIREMENTS.—In awarding grants  
4 under this section, the Secretary—

5 “(A) shall give priority to eligible entities  
6 that apply on behalf of eligible individuals who  
7 are on the faculty of institutions that integrate  
8 geriatrics education, training, and best prac-  
9 tices into academic program criteria;

10 “(B) may give priority to eligible entities  
11 that operate a geriatrics workforce enhance-  
12 ment program under subsection (a);

13 “(C) shall ensure that grants are equitably  
14 distributed among rural or underserved popu-  
15 lations of older adults across the various geo-  
16 graphical regions of the United States;

17 “(D) shall pay particular attention to geri-  
18 atrics healthcare workforce needs among under-  
19 served populations and rural areas; and

20 “(E) may not require an eligible individual,  
21 or an eligible entity applying on behalf of an eli-  
22 gible individual, to be a recipient of a grant or  
23 contract under section 753(a) or 750 of title  
24 VII of the Public Health Service Act.

1           “(5) MAINTENANCE OF EFFORT.—An eligible  
2           entity receiving an award under paragraph (1) on  
3           behalf of an eligible individual shall provide assur-  
4           ances to the Secretary that funds provided to such  
5           individual under this subsection will be used only to  
6           supplement, not to supplant, the amount of Federal,  
7           State, and local funds otherwise expended by such  
8           individual.

9           “(6) AMOUNT AND DURATION.—

10           “(A) AMOUNT.—The amount of an award  
11           under this subsection for eligible individuals  
12           who are physicians shall equal \$75,000 for fis-  
13           cal year 1998, adjusted for subsequent fiscal  
14           years to reflect the increase in the Consumer  
15           Price Index. The Secretary shall determine the  
16           amount of an award under this subsection for  
17           individuals who are not physicians.

18           “(B) DURATION.—The Secretary shall  
19           make awards under paragraph (1) for a period  
20           not to exceed five years.

21           “(C) PAYMENT TO INSTITUTION.—The  
22           Secretary shall make payments to institutions  
23           which include schools of medicine, osteopathic  
24           medicine, nursing, social work, psychology, den-  
25           tistry, and pharmacy, or other allied health dis-

1           cipline in an accredited health professions  
2           school or graduate program that is approved by  
3           the Secretary.

4           “(7) SERVICE REQUIREMENT.—An eligible indi-  
5           vidual on whose behalf an application was submitted  
6           and approved under paragraph (3)(A) shall provide  
7           training in clinical geriatrics or gerontology, includ-  
8           ing the training of interdisciplinary teams of health  
9           care professionals.

10          “(8) AUTHORIZATION OF APPROPRIATIONS.—  
11          There is authorized to be appropriated \$5,200,000  
12          for each of fiscal years 2018 through 2023 for pur-  
13          poses of carrying out this subsection.”.

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